WEYAUWEGA HEALTH CARE CENTER

WEYAUWEGA

717 EAST ALFRED STREET

54983 Phone: (920) 867-3121 Operated from 1/1 To 12/31 Days of Operation: 365 Operate in Conjunction with Hospital? Number of Beds Set Up and Staffed (12/31/01): 88 Total Licensed Bed Capacity (12/31/01): 95 Number of Residents on 12/31/01: 75

Ownershi p: Highest Level License: Operate in Conjunction with CBRF? Title 18 (Medicare) Certified? Title 19 (Medicaid) Certified? Average Daily Census: 74

Corporati on

Skilled

Yes

Yes

Services Provided to Non-Residents	١	Age, Sex, and Primary Diagn	osis of	Residents (12/31	/01)	Length of Stay (12/31/01)	%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year	54. 7
Supp. Home Care-Personal Care	No				·j	1 - 4 Years	41. 3
Supp. Home Care-Household Services	No	Developmental Disabilities	1. 3	Under 65	5.3	More Than 4 Years	4. 0
Day Services	No	Mental Illness (Org./Psy)	28 . 0	65 - 74	14. 7		
Respite Care	No	Mental Illness (Other)	2. 7	75 - 84	40.0		100. 0
Adult Day Care	No	Alcohol & Other Drug Abuse	0. 0	85 - 94	36. 0	*********	*****
Adult Day Health Care	No	Para-, Quadra-, Hemi plegic	0.0	95 & 0ver	4.0	Full-Time Equivalent	
Congregate Meals	No	Cancer	0. 0		Í	Nursing Staff per 100 Res	i dents
Home Delivered Meals	No	Fractures	8. 0		100. 0	(12/31/01)	
Other Meals	Yes	Cardi ovascul ar	5.3	65 & 0ver	94. 7		
Transportati on	No	Cerebrovascul ar	8. 0	[']		RNs	9. 5
Referral Service	No	Di abetes	1. 3	Sex	%	LPNs	9. 0
Other Services	No	Respi ratory	2. 7		Ì	Nursing Assistants,	
Provide Day Programming for	j	Other Medical Conditions	42.7	Male	28.0	Ai des, & Orderlies	38. 1
Mentally Ill	No			Femal e	72.0		
Provi de Day Programming for	i		100. 0		j		
Developmentally Disabled	No		j		100. 0		
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Method of Reimbursement

		edicare itle 18)			Medicaid (Title 19)		0ther]	Pri vate Pay		Family Care		Managed Care						
Level of Care	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	No.	%	Per Di em (\$)	Total Resi - dents	
Int. Skilled Care	0	0. 0	0	0	0. 0	0	0	0.0	0	0	0. 0	0	0	0. 0	0	0	0. 0	0	0	0. 0
Skilled Care	8	100.0	262	50	100.0	101	0	0.0	0	17	100.0	138	0	0.0	0	0	0.0	0	75	100. 0
Intermedi ate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Dev. Di sabl ed				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0
Traumatic Brain In	i 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0. 0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	8	100.0		50	100.0		0	0.0		17	100.0		0	0.0		0	0.0		75	100. 0

WEYAUWEGA HEALTH CARE CENTER

Admissions, Discharges, and		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/01								
Deaths During Reporting Period				% Needi ng		Total				
Percent Admissions from:		Activities of	%		sistance of	% Totally	Number of			
Private Home/No Home Health	30. 0	Daily Living (ADL)	Independent	0ne	Or Two Staff	Dependent	Resi dents			
Private Home/With Home Health	1.5	Bathi ng	52.0		33. 3	14. 7	75			
Other Nursing Homes	18. 5	Dressi ng	53. 3		28. 0	18. 7	75			
Acute Care Hospitals	40.8	Transferring	41. 3		29. 3	29. 3	75			
Psych. HospMR/DD Facilities	0.0	Toilet Use	38. 7		26. 7	34. 7	75			
Reĥabilitation Hospitals	9. 2	Eating	50. 7		34. 7	14. 7	75			
Other Locations	0.0	**************	**********	*****	******	*********	*******			
Total Number of Admissions	130	Conti nence		%	Special Treatmen	ts	%			
Percent Discharges To:	i	Indwelling Or Extern	al Catheter	24. 0	Receiving Resp	iratory Care	16. 0			
Private Home/No Home Health	25. 0	Occ/Freq. Incontinen	t of Bladder	30. 7	Recei vi ng Trac	heostomy Care	2. 7			
Private Home/With Home Health	7. 5	Occ/Freq. Incontinen	t of Bowel	21.3	Receiving Suct	i oni ng	4. 0			
Other Nursing Homes	17. 5	<u>-</u>			Receiving Osto	my Care	1. 3			
Acute Care Hospitals	1. 7	Mobility			Recei vi ng Tube	Feedi ng	4. 0			
Psych. HospMR/DD Facilities	9. 2	Physically Restraine	d	0.0	Receiving Mech	anically Altered Diets	25. 3			
Rehabilitation Hospitals	1. 7	1				•				
Other Locations	2. 5	Skin Care			Other Resident C	Characteri sti cs				
Deaths	35. 0	With Pressure Sores		4.0	Have Advance D	i recti ves	65. 3			
Total Number of Discharges		With Rashes		2.7	Medi cati ons					
(Including Deaths)	120	·			Recei vi ng Psyc	hoactive Drugs	16. 0			

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

************************************* Ownershi p: Bed Size: Li censure: 50-99 Skilled Al l Thi s Propri etary Peer Group Facility Peer Group Peer Group Facilities % Ratio Ratio Ratio Ratio Occupancy Rate: Average Daily Census/Licensed Beds 77.6 82. 5 0.94 86. 4 0.90 85.8 0.90 84. 6 0.92 Current Residents from In-County 65.3 74.3 0.88 69. 6 0.94 69. 4 0.94 77. 0 0.85 Admissions from In-County, Still Residing 23. 1 19.8 1. 17 19. 9 1. 16 23. 1 1.00 20.8 1. 11 Admissions/Average Daily Census 175.7 148. 2 1. 19 133. 4 1. 32 105. 6 1.66 128. 9 1.36 Discharges/Average Daily Census 162.2 146.6 132. 0 1. 23 105. 9 1. 53 130. 0 1. 25 1. 11 Discharges To Private Residence/Average Daily Census 52.7 58. 2 0.90 49.7 1.06 38. 5 1.37 52. 8 1. 00 Residents Receiving Skilled Care 100 92.6 1.08 90.0 1.11 89. 9 1. 11 85. 3 1. 17 Residents Aged 65 and Older 94. 7 95. 1 1.00 94. 7 1.00 93. 3 87. 5 1.01 1.08 Title 19 (Medicaid) Funded Residents 66. 7 66.0 1.01 68.8 0.97 69.9 0.95 68. 7 0.97 Private Pay Funded Residents 22.7 22. 2 23.6 0.96 22.2 22. 0 1. 03 1.02 1. 02 Developmentally Disabled Residents 1. 3 0.8 1.78 1.0 1. 29 0.8 7. 6 0.18 1. 78 Mentally Ill Residents 30. 7 31.4 0.98 36. 3 0.84 38. 5 0.80 33. 8 0.91 General Medical Service Residents 42.7 23.8 1.79 21. 1 2.02 21. 2 2.01 19. 4 2. 20 37.9 49.3 Impaired ADL (Mean) 46. 9 0.81 47. 1 0.80 46. 4 0.82 0.77 Psychological Problems 16.0 47. 2 0.34 49. 5 0.32 52.6 0.30 51. 9 0.31 Nursing Care Required (Mean) 7. 5 7. 3 1. 02 6. 7 1. 13 6. 7 1. 11 7.4 1.01